

**Stakeholder Meeting
Public Comments on New Programs/Fees
April 5, 2019**

Below is a summary of public comments and questions from the Stakeholder meeting including SCEMSA staff responses and relevant statutory requirements from the California Code of Regulations, Title 22, Division 9 and Health and Safety Code Division 2.5.

Comment	EMS Response
<p><u>Kaiser Hospital – North (KHN) / Hillary Mitchell</u></p> <ul style="list-style-type: none"> - Why KHN is not noted as a Comprehensive Stroke Center? - We have had The Joint Commission (TJC) designation/certification for several years, and earlier this year were recertified 	<ul style="list-style-type: none"> - SCEMSA has not received official notice from KHN that it received TJC designation as a Comprehensive Center. - SCEMSA is using information that is provided by hospitals until regulations are approved and effective (7/1/19). - Each Stroke hospital will submit a new application to be re-designated as required by the regulations. The application will need to include the most recent designation information and certification by TJC. - Health and Safety (H&S) Code Division 2.5 Chapter 4, Sections 1797.204; 1797.212 and Chapter 6, Section 1798.150 - CA Code of Regulations (CCR), Title 22, Chapter 7.2 Section 100270; estimated effective 7/1/19
<p><u>Herald Fire Department / Chris Hileman</u></p> <ul style="list-style-type: none"> - Fees to have an EMT training program are around \$1,400. The proposed fee for an EMR training center is \$1,500. - Is this fee \$1,500 for the 2-year certification? If not, why is the EMR training center fee more than the EMT training center fee? - The EMR program will not require as much attention or oversight as the EMT program would just due to the length and content of the program alone. - Noticed that the average cost for an EMR training program at other LEMSAs is \$884. Is there any reason why we are so far above the average? 	<ul style="list-style-type: none"> - The cost is based on staff time allocation and the staff members involved with this program. There will be an increase in oversight and staff involvement with the EMR programs and training programs due to lack of State regulations. - Staff will need to establish application requirements, site inspections document checklist, etc. and conduct more frequent visits to the EMT training programs. - The EMR Training Center fee is an annual fee of \$1,500, but each training program will be required to submit a renewal application every two years. - \$884 is the average among other LEMSA fees. The fees range from \$200 - \$5000 for an EMR Training Program. (See above comments) - H&S, Division 2.5, Sections 1797.204, 1797.212, 1797.214, and 1797.220. - CCR Title 22, Division 9, Sections 100019 and 100023(e) & (f).

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<p><u>Herald Fire Department / Chris Hileman</u></p> <ul style="list-style-type: none"> - Sacramento County EMS policies, the EMT training program only requires to re-certify every 4 years, however, in your documents you are requiring the EMR program to re-certify every 2 years. Why is this? 	<ul style="list-style-type: none"> - Question answered previously. - EMT Training Programs standards, requirements, and approval are established in regulations. - EMR Training Programs are established and approved by the LEMSA. - CCR Title 22, Division 9, Sections 100065, 100066, 100069 and 100071.
<p><u>Herald Fire Department / Chris Hileman</u></p> <ul style="list-style-type: none"> - One document shows the EMR application/license fee as \$40 every 2 years, however in the updated document it is showing \$25 every 2 years. Which one is it? 	<ul style="list-style-type: none"> - SCEMSA reduced the EMR certification fee from \$40 to \$25 every two years after the initial stakeholder meeting. - H&S, Division 2.5, Sections 1797.210 and 1797.212.
<p><u>Herald Fire Department / Chris Hileman</u></p> <ul style="list-style-type: none"> - The documentation talks about the EMR program within the fire department. Could the wording be changed to state something along the lines of, "any Sacramento County agency who provides the EMR level of service"? 	<ul style="list-style-type: none"> - Currently, the only request for EMR certification is from the Volunteer Fire Departments. Other EMS provider agencies are required to have at least EMT certification to function in ambulances. - H&S, Division 2.5, Sections 1797.160, 1797.170, 1797.204, 1797.214 and 1797.220
<p><u>Folsom Police Department / Lieutenant Emery</u></p> <ul style="list-style-type: none"> - Regarding Optional Scope, Narcan administration- where does the money go? 	<ul style="list-style-type: none"> - SCEMSA reviewed the stakeholder feedback and is proposing a change in the PSFA Optional Scope Training Program fee. SCEMSA is reducing the proposed fee from \$1,500 to \$1,000 per year for each public safety agency to receive approval and to maintain their PSFA Optional Scope Training Program. - Administrative oversight. CCR Title 22, Chapter 1.5 Section 100019 (a)(b)(f) and 100023 (f).
<p><u>Folsom Police Department / Lieutenant Emery</u></p> <ul style="list-style-type: none"> - Can we use our own medical director and continue the Narcan program without SCEMSA? 	<ul style="list-style-type: none"> - Yes each agency can have their own medical director, but the LEMSA must oversee Public Safety First Aid and CPR Training programs optional scope. CCR Title 22, Chapter 1.5 Section 10019 (a)(b)(f) and 100023 (f).
<p><u>UC Davis Medical Center (UCDMC) / David Buettner</u></p> <ul style="list-style-type: none"> - These requirements are already in place that the LEMSA is not meeting? 	<ul style="list-style-type: none"> - Requirements under CCR Title 22, Chapter 1.5 Section 100030 are currently being met for approval and competency. Periodic oversight has occurred in the majority of the approved agencies. However, due to workload from non-training programs, only minimal oversight is now occurring.
<p><u>Cosumnes Fire Department / Brett Shurr</u></p> <ul style="list-style-type: none"> - Regarding the Narcan Program, what is the average amount of time spent for each site visit? 	<ul style="list-style-type: none"> - Site visits average from thirty (30) minutes to one (1) hour. Time depends on depth of inquiry, time allotted, and questions/answers. See previous response to David Buettner's question.

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<p><u>Folsom Fire Department / Felipe Rodriguez</u></p> <ul style="list-style-type: none"> - Regarding Narcan Program, the cost is supposed to be reasonable, \$1,500 is not. 	<ul style="list-style-type: none"> - SCEMSA reviewed the stakeholder feedback and is proposing a change in the PSFA Optional Scope Training Program fee. SCEMSA is reducing the proposed fee from \$1,500 to \$1,000 per year for each public safety agency to receive approval and to maintain their PSFA Optional Scope Training Program.
<p><u>Dignity Health / Cindy Myas</u></p> <ul style="list-style-type: none"> - All LEMSAs have the same roles and responsibilities in regards to the Narcan programs, yet SCEMSA is charging well above the \$250-\$500 other LEMSAs charge. 	<ul style="list-style-type: none"> - We will review. - SCEMSA is reducing the proposed fee from \$1,500 to \$1,000 per year for each public safety agency to receive approval and to maintain their PSFA Optional Scope Training Program. - Other LEMSAs have other major revenue sources to offset fees that SCEMSA currently does not have available.
<p><u>Consumes Fire Department / Brett Shurr</u></p> <ul style="list-style-type: none"> - Regarding Narcan program, SCEMSA is charging three (3) times what other LEMSAs are. 	<ul style="list-style-type: none"> - Refer to page 25 of the March 28 2019 document supplied. Other LEMSAs have additional major revenue sources to offset fees. SCEMSA lacks the ability to capture some of these revenue sources. - SCEMSA is reducing the proposed fee from \$1,500 to \$1,000 per year for each public safety agency to receive approval and to maintain their PSFA Optional Scope Training Program
<p><u>Cosumnes Fire Department / Brett Shurr</u></p> <ul style="list-style-type: none"> - Requesting the Nexus study used to identify the fee structure. 	<ul style="list-style-type: none"> - We will supply more detail. - See revised document, Proposed Programs and Fees Follow-up, April 15, 2019 on SCEMSA's website.
<p><u>Los Rios Community College Police Department / Captain Lampano</u></p> <ul style="list-style-type: none"> - Will Los Rios Police Department be charged separate from Los Rios Community College (LRCC)? 	<ul style="list-style-type: none"> - Los Rios Community College Police Department will be charged a single fee for all LRCC colleges. - SCEMSA reviewed the stakeholder feedback and is proposing a change in the PSFA Optional Scope Training Program fee. SCEMSA is reducing the proposed fee from \$1,500 to \$1,000 per year for each public safety agency to receive approval and to maintain their PSFA Optional Scope Training Program.
<p><u>Medic Ambulance / Jacob Mendenhall</u></p> <ul style="list-style-type: none"> - Medic ambulance is opposed to the proposed fees. 	<ul style="list-style-type: none"> - Comment noted.

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<ul style="list-style-type: none"> - <u>Hospital Council / Brian Jensen</u> – Requesting the LEMSA implement an Emergency Medical Care Committee (EMCC) for stakeholders to participate in, to build strong partnerships and help future communication and buy in. - Requesting that SCEMSA and the stakeholders work together and explore revenue sources prior to implementing the fees. - Requesting SCEMSA reevaluate the fees for the out-of-county (Sutter Roseville and Kaiser Roseville). 	<ul style="list-style-type: none"> – SCEMSA will take into consideration the request to establish an Emergency Medical Care Committee (EMCC) as authorized under the Health and Safety Code, Division 2.5, Section 1797.270, <i>“An emergency medical care committee may be established in each county in this state. Nothing in this division should be constructed to prevent two or more adjacent counties from establishing a single committee for review of emergency medical care in these counties.”</i> Support for the committee will be contingent on acquiring sufficient support staff and the establishment of the committee must be approved by the Board of Supervisors. However, an advisory work group with key representatives will be established to discuss sustainable funding and other pertinent program issues. – In response to stakeholders’ verbal and written comments, SCEMSA will: <ul style="list-style-type: none"> • Work with the Department of Health Services, County Executive Office and stakeholders to identify other possible sources of revenue. • If other revenue sources are approved, staff will reevaluate fee levels and adjustments. – Additionally, two counties have tax assessments as a revenue source for their EMS Agency and one county receives federal funds which are not sustainable and will be seeking other revenue sources. The federal funds received are from the Ground Emergency Medical Transport Program.
<p><u>Sutter Roseville / Kim Newland</u></p> <ul style="list-style-type: none"> - Sutter Roseville gets approximately 170 cases per year for STEMI. Eight (8) of those are SCEMSA originated patients. Sutter Roseville pays less to SSV and Mercy San Juan doesn’t get charged from SSV. 	<ul style="list-style-type: none"> – We will look at the fees and reevaluate. – See revised document, Proposed Programs and Fees Follow-up, April 15, 2019 on SCEMSA’s website. – SCEMSA is providing the methodology used to establish the proposed new fees in the attached spreadsheet. As noted on the spreadsheet, the percentage of time (Lines 3-10) identified for each FTE dedicated to each program are percentages based on estimates of labor work load and resources needed to implement, maintain and provide oversight for each program. – The spreadsheet shows the proposed new staff and reallocation of existing staff members to the programs. The cost allocation and fee calculation document was reviewed and approved by the Department of Health Services and Department of Finance.

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<p><u>Folsom Fire Department / Felipe Rodriguez –</u></p> <ul style="list-style-type: none"> - How is SCEMSA superseding the standing order from Dr. Smith at California Public Health Department? - Is there a concern from SCEMSA that police departments may drop the Narcan Program? How will SCEMSA reorganize if they are getting less fees? 	<ul style="list-style-type: none"> – Question answered previously. – We will have to review the budget again with fewer programs.
<p><u>Folsom Police Department / Lieutenant Emery</u></p> <ul style="list-style-type: none"> - Folsom Police do not want to use all the optional scope/programs, we just want Narcan. 	<ul style="list-style-type: none"> – Question previously answered with oversight and CCR Title 22, Chapter 1.5. – See revised document, Proposed Programs and Fees Follow-up, April 15, 2019 on SCEMSA’s website. – In order to maintain compliance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulations, SCEMSA is changing the ‘Proposed Narcan® Training Program’ to ‘Proposed Public Safety First Aid (PSFA) Optional Scope Training Program’. Although, the most common optional skill that will be used is administration of Narcan®, the new proposed title will allow public safety agencies to administer Epinephrine without any additional fee.
<p><u>UC Davis Medical Center / David Buettner</u></p> <ul style="list-style-type: none"> - If a stroke center does not notify SCEMSA that they are comprehensive stroke center, the workload is still required. What is the difference in work load between Comprehensive stroke centers and Primary stroke centers? 	<ul style="list-style-type: none"> – Question answered previously. – Once a stroke receiving center become a comprehensive center, the receiving center fee drops off.
<p><u>Dignity Health / Cindy Myas</u></p> <ul style="list-style-type: none"> - How many more data points or onsite visits is SCEMSA required to look at for comprehensive stroke centers vs. primary stroke centers? 	<ul style="list-style-type: none"> – Unknown at this time.

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<p><u>Dignity Health / Cindy Myas –</u></p> <ul style="list-style-type: none"> - How did you come up with the fees then? - This is a back-loaded budget. It demonstrates a long standing history of resource shortages, an inability to do the required work due to understaffing. - This is a community issue and we need community resolutions. Let us help. If you don't take advantage of this now you're going to lose leverage and it will potentially cause breakdowns because you are not going to have the manpower you need. 	<ul style="list-style-type: none"> – See revised document, Proposed Programs and Fees Follow-up, April 15, 2019 on SCEMSA's website. – SCEMSA is providing the methodology used to establish the proposed new fees in the attached spreadsheet. As noted on the spreadsheet, the percentage of time (Lines 3-10) identified for each FTE dedicated to each program are percentages based on estimates of labor work load and resources needed to implement, maintain, and provide oversight for each program. – The spreadsheet shows the proposed new staff and reallocation of existing staff members to the programs. The cost allocation and fee calculation document was reviewed and approved by the Department of Health Services and Department of Finance. – We appreciate your concern.
<p><u>Mercy San Juan / Paula Green</u></p> <ul style="list-style-type: none"> - The root problem is seven (7) people will never be able to successfully put out the product of sixteen (16) staff members as other LEMSAs have. This is a safety concern for the community. Sacramento County needs to meet the bar. We are not currently doing that. 	<ul style="list-style-type: none"> – Thank you, Paula.
<p><u>Cosumnes Fire Department / Brett Shurr</u></p> <ul style="list-style-type: none"> - I agree with the comments and support SCEMSA and what they do, but when prior to these meetings SCEMSA did not reach out and communicate the shortfall. - Would like to see SCEMSA have a master plan and work with it through the EMCC so we can see SCEMSAs plight and get behind it. 	<ul style="list-style-type: none"> – SCEMSA will take into consideration the request to establish an Emergency Medical Care Committee (EMCC) as authorized under the Health and Safety Code, Division 2.5, Section 1797.270, <i>“An emergency medical care committee may be established in each county in this state. Nothing in this division should be constructed to prevent two or more adjacent counties from establishing a single committee for review of emergency medical care in these counties.”</i> Support for the committee will be contingent on acquiring sufficient support staff and the establishment of the committee must be approved by the Board of Supervisors. However, an advisory work group with key representatives will be established to discuss sustainable funding and other pertinent program issues. – In response to stakeholders' verbal and written comments, SCEMSA will: <ul style="list-style-type: none"> • Work with the Department of Health Services, County Executive Office and stakeholders to identify other possible sources of revenue. • If other revenue sources are approved, staff will reevaluate fee levels and adjustments.